

ORDER FORM

Key Account Number 51732
 Account Name Foster
 Sales Rep. Cathy Ad 45-23-00
 Store Name to be Printed on Pads SUNRISE Convenience Stores
 Category Choice of Offer to be Printed on Pads ANY IN-STORE
 Total Number of 50 Sheet Tear Pads 40
 Total Number of 100 Sheet Tear Pads 40
 Total Number of 200 Sheet Tear Pads 40
 Send To Foster oil (Sunrise convenience)
 Address 36065 Water St.
 City Richmond State Mch Zip 48062

ORDER FORM

Key Account Number 51732
 Account Name Bob + CARL'S
 Sales Rep. Susy M. Allen 45-23-00
 Store Name to be Printed on Pads BOB + CARL'S FINE FOODS
 Category Choice of Offer to be Printed on Pads DELI
 Total Number of 50 Sheet Tear Pads 3
 Total Number of 100 Sheet Tear Pads 3
 Total Number of 200 Sheet Tear Pads 3
 Send To Susy M. Allen
 Address 409 Techcenter Dr.
 City Midland State TX Zip 79701

2048410529

ORDER FORM

Key Account Number 51732
 Account Name Ed Miller
 Sales Rep. Ed Miller 45-23-00
 Store Name to be Printed on Pads Ed Miller
 Category Choice of Offer to be Printed on Pads Meat
 Total Number of 50 Sheet Tear Pads 1
 Total Number of 100 Sheet Tear Pads 1
 Total Number of 200 Sheet Tear Pads 1
 Send To Ed Miller
 Address 815 N. Arch St.
 City Mechanicsburg State Pa. Zip 17055

ORDER FORM

Key Account Number 51732
 Account Name Bob + CARL'S
 Sales Rep. Susy M. Allen 45-23-00
 Store Name to be Printed on Pads EV'S FINE FOODS
 Category Choice of Offer to be Printed on Pads DELI
 Total Number of 50 Sheet Tear Pads 1
 Total Number of 100 Sheet Tear Pads 1
 Total Number of 200 Sheet Tear Pads 1
 Send To Susy Allen
 Address 400 Techcenter Dr. #260
 City Midland State TX Zip 79701

ORDER FORM

Key Account Number 51378
 Account Name Nellis Market
 Sales Rep. Ed Miller
 Store Name to be Printed on Pads Nellis Market
 Category Choice of Offer to be Printed on Pads Meats
 Total Number of 50 Sheet Tear Pads _____
 Total Number of 100 Sheet Tear Pads 3
 Total Number of 200 Sheet Tear Pads _____
 Send To: Ed Miller
 Address: 815 N. Arch St.
 City Mechanicsburg State: Pa. Zip: 17055

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ORDER FORM

Key Account Number 13404
 Account Name STOP-N-GO
 Sales Rep. Dee Oreshek
 Store Name to be Printed on Pads STOP-N-GO
 Category Choice of Offer to be Printed on Pads Video & NINTENDO Rentals
 Total Number of 50 Sheet Tear Pads 25
 Total Number of 100 Sheet Tear Pads _____
 Total Number of 200 Sheet Tear Pads _____
 Send To: Dee Oreshek
 Address: c/o FM Jobbing 1017 4th Ave. N.
 City: Pargo State: ND Zip: 58102

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ORDER FORM

Key Account Number 51380
 Account Name Kennies Market
 Sales Rep. Ed Miller
 Store Name to be Printed on Pads Kennies Market
 Category Choice of Offer to be Printed on Pads Meats
 Total Number of 50 Sheet Tear Pads 4
 Total Number of 100 Sheet Tear Pads _____
 Total Number of 200 Sheet Tear Pads _____
 Send To: Ed Miller
 Address: 815 N. Arch St.
 City: Mechanicsburg State: Pa. Zip: 17055

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ORDER FORM

Key Account Number 50693
 Account Name Karns Food
 Sales Rep. Ed Miller
 Store Name to be Printed on Pads Karns Food
 Category Choice of Offer to be Printed on Pads Meats
 Total Number of 50 Sheet Tear Pads 2
 Total Number of 100 Sheet Tear Pads 4
 Total Number of 200 Sheet Tear Pads _____
 Send To: Ed Miller
 Address: 815 N. Arch St.
 City: Mechanicsburg State: Pa. Zip: 17055

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ORDER FORM

Key Account Number 51670
 Account Name Festival Food
 Sales Rep. Ed Miller
 Store Name to be Printed on Pads Festival Foods
 Category Choice of Offer to be Printed on Pads Meats
 Total Number of 50 Sheet Tear Pads _____
 Total Number of 100 Sheet Tear Pads 7
 Total Number of 200 Sheet Tear Pads _____
 Send To: Ed Miller
 Address: 815 N. Arch St
 City: Mechanicsburg State: Pa. Zip: 17055

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ORDER FORM

Key Account Number 39154
 Account Name Speedy Q Mkt
 Sales Rep. Colby Adams 18y-6
 Store Name to be Printed on Pads Speedy Q Market
 Category Choice of Offer to be Printed on Pads Get 40¢ off on Premium UNLEADED GAS at Speedy Q Mkt
 Total Number of 50 Sheet Tear Pads X 25
 Total Number of 100 Sheet Tear Pads _____
 Total Number of 200 Sheet Tear Pads 14
 Send To: Speedy Q Market
 Address: 2785 Lead Hams P.O. Box 771
 City: Port Huron State: Mich Zip: 48060

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ORDER FORM

Key Account Number 52884
 Account Name Rick's Petio Mart
 Sales Rep. Mark Adams
 Store Name to be Printed on Pads RICK'S PETIO MART
 Category Choice of Offer to be Printed on Pads SOFT DRINKS/SHACKS
 Total Number of 50 Sheet Tear Pads 8
 Total Number of 100 Sheet Tear Pads _____
 Total Number of 200 Sheet Tear Pads _____
 Send To: MARK ADAMS
 Address: 4733 Bridgeport Ct.
 City: FT. WAYNE State: Ind. Zip: 46804

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ORDER FORM

Key Account Number #48857
 Account Name SHELBY'S
 Sales Rep. GARY AJTHAR (AREA MGR)
 Store Name to be Printed on Pads SHELBY'S
 Category Choice of Offer to be Printed on Pads ALL STORE MERCHANDISE
 Total Number of 50 Sheet Tear Pads 6
 Total Number of 100 Sheet Tear Pads _____
 Total Number of 200 Sheet Tear Pads _____
 Send To: GARY AJTHAR
 Address: 3513 TIMBER LANE
 City: DETHLEHEM State: PA. Zip: 18047

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ORDER FORM

Key Account Number 50693
 Account Name Karn's Food
 Sales Rep. Ed Miller
 Store Name to be Printed on Pads Karn's Food
 Category Choice of Offer to be Printed on Pads Meats
 Total Number of 50 Sheet Tear Pads _____
 Total Number of 100 Sheet Tear Pads 1
 Total Number of 200 Sheet Tear Pads _____
 Send To: Ed Miller
 Address 815 N. Arch St.
 City: Mechanicsburg State: Pa. Zip: 17055

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ORDER FORM

Key Account Number # 44035
 Account Name Spies Super Value
 Sales Rep. Joann K. Van Zee
 Store Name to be Printed on Pads Spies
 Category Choice of Offer to be Printed on Pads Deli Products
 Total Number of 50 Sheet Tear Pads _____
 Total Number of 100 Sheet Tear Pads 1
 Total Number of 200 Sheet Tear Pads _____
 Send To: Joann K. Van Zee
 Address: 613 Newton Place
 City: Sioux Falls State: So. Dak. Zip: 57106

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ORDER FORM

Key Account Number 51082
 Account Name FAS CHEK SUPERMARKET
 Sales Rep. MICHAEL GAY
 Store Name to be Printed on Pads FAS CHEK
 Category Choice of Offer to be Printed on Pads MEATS
 Total Number of 50 Sheet Tear Pads 15
 Total Number of 100 Sheet Tear Pads _____
 Total Number of 200 Sheet Tear Pads 1
 Send To: MICHAEL GAY
 Address: 2 WHITE ROCK DRIVE
 City: HURRICANE State: WV Zip: 25526

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ORDER FORM

Key Account Number # 44035
 Account Name County Market
 Sales Rep. Joann K. Van Zee
 Store Name to be Printed on Pads County Market
 Category Choice of Offer to be Printed on Pads Deli Products
 Total Number of 50 Sheet Tear Pads _____
 Total Number of 100 Sheet Tear Pads 1
 Total Number of 200 Sheet Tear Pads _____
 Send To: Joann K. Van Zee
 Address: 613 Newton Place
 City: Sioux Falls State: So. Dak. Zip: 57106

ORDER FORM

Key Account Number 42283
 Account Name PIC N' SAVE
 Sales Rep ALO GARRIS
 Store Name to be Printed on Pads PIC N' SAVE
 Category Choice of Offer to be Printed on Pads SOFT DRINKS
 Total Number of 50 Sheet Tear Pads 0
 Total Number of 100 Sheet Tear Pads 100
 Total Number of 200 Sheet Tear Pads 0
 Send To ATTN: PATTY TAYLOR
 Address 14500 HYATT RD
 City JACKSONVILLE State FL Zip 32218

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ORDER FORM

Key Account Number 45074
 Account Name VINYARD ENTERPRISES
 Sales Rep CURTIS GARNER
 Store Name to be Printed on Pads VINYARD'S FOOD
 Category Choice of Offer to be Printed on Pads MEATS
 Total Number of 50 Sheet Tear Pads 1
 Total Number of 100 Sheet Tear Pads 5
 Total Number of 200 Sheet Tear Pads 0
 Send To CURTIS W. GARNER
 Address 1002 1/2 WEST CORTON
 City LONGVIEW State TEXAS Zip 75603

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ORDER FORM

Key Account Number 45319
 Account Name STEWART
 Sales Rep CAROL ADAMS (313) 487-9494
 Store Name to be Printed on Pads PLOIN'S CONVENIENCE STORE
 Category Choice of Offer to be Printed on Pads ANY IN STORE MERCHANDISE
 Total Number of 50 Sheet Tear Pads 0
 Total Number of 100 Sheet Tear Pads 0
 Total Number of 200 Sheet Tear Pads 2
 Send To FOSTER BL (SUNRISE CONVENIENCE)
 Address 36065 WATER ST
 City RICHMOND State ALIC Zip 48062

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ORDER FORM

Key Account Number 45074
 Account Name WISCONSIN TIF
 Sales Rep Jean H. STOEHR
 Store Name to be Printed on Pads WISCONSIN DRAPERIES TIF
 Category Choice of Offer to be Printed on Pads ENGLISH PLAYS
 Total Number of 50 Sheet Tear Pads 0
 Total Number of 100 Sheet Tear Pads 0
 Total Number of 200 Sheet Tear Pads 0 (HAWK)
 Send To Jean H. STOEHR
 Address 1100 DRAPER DR
 City JOHNSON State IL Zip 60905

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ORDER FORM

Key Account Number 45796
 Account Name McGee Supermarkets
 Sales Rep. Susy M. Allen
 Store Name to be Printed on Pads McGee Supermarkets
 Category Choice of Offer to be Printed on Pads Deli
 Total Number of 50 Sheet Tear Pads 4
 Total Number of 100 Sheet Tear Pads 4 A3
 Total Number of 200 Sheet Tear Pads 4
 Send To: Susy M. Allen
 Address: 400 Techcenter Dr. Suite 260
 City Millers State OH Zip 45750

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ORDER FORM

Key Account Number 49172
 Account Name C&E Corp (dba New River Foodland)
 Sales Rep. MICHAEL GAY
 Store Name to be Printed on Pads FOODLAND
 Category Choice of Offer to be Printed on Pads MEATS
 Total Number of 50 Sheet Tear Pads 10
 Total Number of 100 Sheet Tear Pads 4
 Total Number of 200 Sheet Tear Pads 4
 Send To: MICHAEL GAY
 Address: 2 WHITE ROCK DRIVE
 City: HURRICANE State: WV Zip 25926

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